

# ***Indiana Health Informatics Corporation (IHIC)***

*September 10, 2009*

*Meeting Minutes*

The following Board Members were present:

- Kent Barth
- Chuck Christian
- Linda Chezem
- Brian Bauer
- Randy Howard, MD
- Jim Edlund, MD
- Marc Overhage, MD

Also in attendance were David Johnson (BioCrossroads), Matt Hall (BioCrossroads), Bob Petersen (BioCrossroads), Troy Hege (BioCrossroads), Ryan McCartney (ISDH), John Kansky (IHIE/IHIC staff), Chris Mickens (ISDH), Randy Miller (ISDH), Tom Penno (IHIE), Michael Gargano (ISDH), Tammy Murray (HMA), Jason Vore (IHIC staff/consultant).

## Welcome, Introductions, and Opening Comments

Kent Barth called the meeting to order at 9:00am, and attendees introduced themselves.

Mr. Barth thanked the group for assistance in developing and sending 4 letters of intent to respond to the Extension Center- and HIE-related grant opportunities.

## IHIC Workgroup Updates

Mr. Barth provided updates on the Medication List Availability (MLA) and Value Based Reimbursement (VBR) workgroups:

- MLA – the MLA group delivered some recommendations at the last IHIC Board meeting, and no further action is requested at this time. As an update – there has been an increase in Indiana of ePrescribing in recent months.
- VBR – group is preparing to do an evaluation of Quality Health First and ManagedCare.com and present that to the Board. Also – Ryan McCartney has been asked to sit on the VBR workgroup.

Jason Vore further indicated that the Community Health Record in Indiana/Clinical Information Supporting Coordination of Care (CHRI-CISCC) workgroup met since the last Board meeting, and is completing a survey of the HIEs in Indiana regarding their offered services.

## National Governor's Association (NGA) HIE Document Overview

David Johnson provided an overview of the NGA document that was released on August 4<sup>th</sup> (copy was provided as part of the meeting packet). The document represents different states perspectives on how HIE will evolve, and has a fair amount of wisdom within its predictions. The document indicates that states will have a pretty active role driving policy and implementation related to HIE evolution.

Mr. Johnson also mentioned that the document indicates privacy/security and equity among all states and stakeholders is paramount within the predictions.

### HIE Collaboration Workgroup Update

Tom Penno provided an update related to the HIE Collaboration Workgroup activities. First, IHIE and healthLINC (via HealthBridge) are now sharing data (over a year in the development of the agreement and implementation). IHIE is working with MHIN toward sharing data in the future as well, and is exploring future sharing opportunities with MedWeb/MIE too.

### ARRA Updates

David Johnson began providing an overview of activities related to Indiana's response(s) to recent ARRA funding opportunities. Specifically, these activities are related to the (1) Cooperative Agreement for HIE, and the (2) Cooperative Agreement for HIT Regional Extension Centers. A summary of the updates is listed below:

1. **HIE:** All states will receive a minimum baseline of \$4 million, other funds are available, but are dependent upon a state's articulated planning and implementation approach(es). What's at stake is not whether or not funds will be received, but more how much money and what it can be utilized for. There is a very aggressive timeline for the fund request documentation – the letter of intent has been signed, and the application is due in mid-October, 2009. Indiana will be working on providing both a strategic and operational vision within the application, and then the specific plans will be built around the vision stated in the application.

Funds are anticipated to be granted at the end of 2009. Implementation is expected to be started in early 2010 (more funds are available for implementation activities than for "planning"). Mr. Johnson (and others) also noted that the final Meaningful Use definitions will also have an impact upon how these funds will be used in the future, but at this point planning will be built upon what baseline data, clinical, and infrastructure elements will be needed.

2. **HIT Regional Extension Centers:** There are 10 regions across the US that will drive these extension centers – Indiana is in region 5. The mission of these centers is to drive meaningful use, vendors, capabilities, etc. to the states related to sharing of clinical information. Indiana's goal is to get funding first within region 5 because that will allow IN to drive how the rest of region 5 utilizes these funds for extension centers. FSSA and Purdue are working closely together to develop the funding request.

Mr. Johnson then reviewed that BioCrossroads has been asked to mobilize and organize a team to drive the development of the funding requests. Specifically, BioCrossroads has done the following:

- Counsel has been retained to support the creation of the appropriate not-for-profit State Designated Entity (SDE) body that will be needed to apply for and receive Federal funds.
- A project manager (Bob Petersen) has been retained as well to coordinate all of the resources and information that will be needed for the funding requests.
- A grant writer (Mary Knaumen) has been hired that will develop both grant requests with input from the body of knowledge experts Mr. Petersen will manage. Ms. Knaumen will develop both grant requests, HIE is due in mid-October, Regional Extension Center is due in early November. Work has already begun.

Marc Overhage further elaborated that the Office of the National HIT Coordinator (ONC) will most likely require there to be a state HIT coordinator to direct funds and activities related to HIT within each state as well. It is contemplated to be a full-time position, and may be funded by ARRA funds. This is still being debated and discussed.

Randy Miller and Ryan McCartney both discussed the importance of ensuring that the FSSA/Medicaid offices are working with both grant request development teams to ensure appropriate information is being shared and included in the requests, both the help Indiana in general with HIT as well as Medicaid specifically with improvements to their IT systems.

Dr. Overhage agreed, and indicated that the State HIT Coordinator role will need to make sure that he/she works with all appropriate organizations within the state.

Dr. Overhage indicated that there will be 5 “handlers” working with each of the states to ensure funds are being applied for and utilized appropriately.

Dr. Overhage also mentioned that we may see the MU definitions be sent back to the ONC for further work and development. There is some uncertainty right now regarding MU and in general the ONC at the Federal level in terms of what the White House would like that group to do.

#### BioCrossroads Document Review

David Johnson asked Troy Hege (BioCrossroads) to review a document intended to provide a visual overview of how the SDE and other stakeholders may be organized once the ARRA funds start flowing.

Emphasis was placed that this will be a public/private-type arrangement within the state.

Linda Chezem asked how IHIC fits within the vision put forth in the BioCrossroads document. Discussion ensued that it is unsure right now how IHIC will fit in, but that the group will definitely be involved in approving and adopting the plan(s).

Mr. Barth adjourned the meeting at 11:05am.

*Next Meeting: November 12, 2009, 9:00-11:00am (Purdue Intech Park)*